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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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A. BUTLER FEB - 5 2022

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations				
LONTRA (SUBJECT:	CONSTRUCTION, LLC				
<u></u>	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling			
Please return all correspo	ndence concerning this matter	to the following:			
	EDUARDO CHACIN				
		Name of Person			
		Firm/Company			
	2120 W Preserve Way Apt	106			
		Address			
	Miramar FL 33025				
		City/State and Zip Code			
	lontraservicelle@gmail.com	to be used for future annual report notifi			
For further information c	n-man address; (oncerning this matter, please of	·	eation)		
EDUARDO CHACIN		407 9137432 at ()			
Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	ne following amount:				
1 , \$25.00 Filing Fee	₩ \$30.00 Filing Fee & Certificate of Status	1.2 \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	1 \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres Registration S		Street Address: Registration Sect	tion		
Division of C		Division of Corp			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LONTRA CONSTRUCTION, LLC

(Name of the Limited Liability Company as it now appears on our records.)

1	(A Florida Limited Liability Company)	,
The Articles of Organization for this Limited land document number L22000000804	Liability Company were filed on 12	2/22/2021 and assigned
This amendment is submitted to amend the fol	lowing:	
. If amending name, enter the new name	of the limited liability company h	e <u>re</u> :
ONTRA SERVICE, LLC		
he new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C"
nter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Mailing address MAY BE A POST OFFICE	<u> </u>	
 If amending the registered agent and/or gent and/or the new registered office addr 	5	records, <u>enter the name of the new regist</u>
Name of New Registered Agent:	Aylicec Rojas	
New Registered Office Address:	2120 W Preserve Way. Apt 106	
	Enter Flo	vida street address
	Miramar	, Florida ³³⁰²⁵ Zip Code
	Cin	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Ayliced KOTAS

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Aylicec Rojas	2120 W Preserve Way Apt 106. Miramar FL 33025	= Add
			🗀 Remove
			□Change
			JAdd
			[]Remove
			□Change
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an effect <u>iote:</u> If	e date, if other that ive date is listed, the date the date inserted in the effective date on	ate must be specif this block does	ic and cannot be pri- not meet the appl	or to date of filing o icable statutory fi	r more than 90 days a	ptional) after filing.) Pursuant this date will not l	to 605.020 be listed a
record s Lis filed	pecifies a delayed e	ffective date, bu	n not an effective	time, at 12:01 a.r	n, on the earlier of	: (b) The 90th da	ty after th
Ja ated	nuary 18	N	2022				
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